Docket No. AMENDMENT TRANSMITTAL LETTER CXT-052 Application No. Filing Date Art Unit Examiner 09/617380-Conf. #8636 July 17, 2000 M. E. Heneghan 2134 Applicant(s): David John OTWAY et al. Invention: STRONG MUTUAL AUTHENTICATION OF DEVICES TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Number Remaining Number After Previously **Extra Claims** Amendment Paid Present Rate **Total Claims** 48 48 Independent 4 4 х Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): Extension for response within second month 450.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 450.00 x Large Entity Small Entity No additional fee is required for this amendment. 12-0080 450.00 X Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 12-0080 × The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: February 24, 2005 Christopher J. McKenna Attorney Reg. No.: 53,302 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 466146015 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 24, 2005

(617) 227-7400

Signature: Mustoplu A- M Kenney (Christopher J. McKenna

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|---|---------------------------------|----------------------|---|--|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | | | | |
| | | Application Number | 09/617380-Conf. #8636 | | | |
| | | Filing Date | July 17, 2000 David John OTWAY | | | |
| | | First Named Inventor | | | | |
| | | Examiner Name | M. E. Heneghan | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 2134 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 450.00 | | Attomey Docket No. | CXT-052 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | |

| METHOD OF PAYME | NT (check all | that apply) | | | | | | |
|--|------------------------------------|-----------------------------|---------------|--------------------------|-----------------|--------------------------|--------------|-----------------|
| Check Credi | t Card | Money Order | None | Other (| please identify | y): | | |
| x Deposit Account | Deposit Accoun | it Number: 12- | 0080 р | eposit Account Na | me: | Lahive & Co | ckfield, LL | P |
| For the above-ide | entified deposit | account, the D | irector is he | reby authorize | ed to: (check | all that apply) | | |
| x Charge fee | (s) indicated be | elow | | Charge | e fee(s) indic | ated below, e | xcept for th | ne filing fee |
| | / additional fee er 37 CFR 1.16 | (s) or underpay and 1.17 | ment of | x Credit | any overpay | ments | | |
| FEE CALCULATION | | | | | <u>-</u> | | | |
| 1. BASIC FILING, SEAR | - | | ES | | | | | |
| | FILIN | NG FEES | SEAR | CH FEES | EXAMINA | TION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees F | aid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | - | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES | 3 | | | | | | | Small Entity |
| Fee Description | | | | | | | Fee (\$) | <u>Fee (\$)</u> |
| Each claim over 20 (incl | - | • | | | | | 50 | 25 |
| Each independent claim | - | ing Reissues) | | | | | 200 | 100 |
| Multiple dependent clain | | | | | | | 360 | 180 |
| | ra Claims | Fee (\$) | Fee Paic | 1 (\$) | | tiple Depende | | |
| 4848 = | × . | = | - | | <u>Fee</u> | (\$) | Fee Paid (\$ | 1 |
| Indep. Claims Ext | ra Claims | Fee (\$) | Fee Paid | I (\$) | | | | _ |
| 4 -4= | x | = | | - (+/ | | | | |
| 3. APPLICATION SIZE F If the specification and listings under 37 CF sheets or fraction the | drawings exce R 1.52(e)), the | application siz | ze fee due is | \$250 (\$125 f | | | |) |
| Total Sheets | Extra Sheets | Number (| of each addit | ional 50 or frac | tion thereof | Fee (\$) | Fee F | Paid (\$) |
| | | /50 | (ro | und up to a who | ole number) x | - | = | |
| 4. OTHER FEE(S) | | , ,, | | | | | <u>Fees</u> | Paid (\$) |
| Non-English Specific Other (e.g., late filing | | | | | second mo | onth | 45 | 0.00 |
| (B., rate mile | | | | | | | | |

| | 100 = | | (round up to a wh | nole number) x | · | _ = |
|--|--------------------|--------|-----------------------------------|----------------|-----------|-------------------|
| 4. OTHER FEE | (S) | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month | | | | | | 450.00 |
| SUBMITTED BY | | | | | | |
| | Prustopher C | 1 myan | Registration No. (Attorney/Agent) | 53,302 | Telephone | (617) 227-7400 |
| Name (Print/Type) | Christopher J. Mck | Kenna | • | | Date | February 24, 2005 |

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Dated: February 24, 2005

Signature Mistopher J. McKenna)